ED 022 129 AC 002 661

INSTRUCTOR'S GUIDE FOR HOME HEALTH AIDE TRAINING. REVISED EDITION.

Oklahoma State Dept. of Education, Oklahoma City.
Pub Date 1 Jul 67
Note-96p.; Rev Ed
EDRS Price MF-$0.50 HC-$3.92
Descriptors-*HEALTH OCCUPATIONS EDUCATION, *HEALTH PERSONNEL, HOME MANAGEMENT, *HOME VISITS, MEDICAL TREATMENT, *NONPROFESSIONAL PERSONNEL, NURSES AIDES, NUTRITION, ON THE JOB TRAINING, PATIENTS (PERSONS), RESOURCE MATERIALS, STUDENT EVALUATION, *TEACHING GUIDES, VISITING HOMEMAKERS

The instructor's guide contains an outline of material to be covered in the training of home health aides and is planned around the team teaching of registered professional nurses, vocational home economists, and other specialists, as needed. The 200-hour training program includes 60 hours of classroom instruction taught in accordance with Oklahoma State Health Department's teaching guides and handbooks, 60 hours of preliminary field experience run concurrently with classroom instruction, and 80 hours of on the job training with the professional nurse-instructor-supervisor to provide an opportunity for the trainee to orient himself to the job situation under close supervision before being employed in an agency and to give the agency an opportunity to evaluate the trainee in an actual work situation. (Document includes training schedule and course outline, training records and reports, teaching references, observations during interview, Life Satisfaction Test, a guide to responsibilities of registered and practical nurses and home health aides, and seven instructional units.) (aj)

INSTRUCTOR'S GUIDE FOR HOME HEALTH AIDE TRAINING

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OFFICE OF EDUCATION

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INSTRUCTOR'S GUIDE
FOR
HOME HEALTH AIDE TRAINING

Revised July 1, 1967

AC 002 661

ACKNOWLEDGMENTS

Appreciation is expressed to the following agencies and persons who contributed to the development and revision of the Instructor's Guide and the Handbook for Training Home Health Aides.

Acknowledgment for development of original manuscripts:

Appreciation is expressed to the United States Public Health Service for funding and consultative services given by Richard F. Boyd, M. D., Regional Health Director; the staff of Region VII of the USPHS: John Cashman, M. D., Director, Division of Medical Care Administration; Home Health and Related Services Branch and staff of USPHS, Washington, D. C.

To the Bureau of Public Health Research that arranged and contracted with Dr. Thurman White and the staff of the University of Oklahoma College of Continuing Education to develop the manuals. Recognition is also given to Mrs. Joyce Steen, R. N., for compiling the original manuscripts.

For first revision and final manuscripts:

"The Oklahoma Home Health Aide Pilot Training Project" was supported by the Federal Office of Economic Opportunity with consultative service from the Home Health and Related Services Branch, Division of Medical Care Administration of the USPHS. During the course of the Project the first revision of the manuals was done by Mrs. Brentlinger, PHN (presently State Supervisor of Health Occupations, Division of Vocational Education), Miss Elizabeth Hensler, ADA, and Mrs. Theresa Morris, RSW, with consultation by other Home Health Care Service staff members. This final revision was completed by Miss Norma Schaefer, R. N., Miss Hensler and Mrs. Morris.

For participation throughout the development of the manuals:

Appreciation is expressed to Miss Blanche Portwood, State Supervisor Home Economics Education, Oklahoma State Board for Vocational Education, and her staff for the considerable contribution they made to the development of these manuals.

To the State Department of Education, Dr. Oliver Hodge, State Superintendent of Public Instruction, and his staff, particularly Dr. Joe Timken, Director of Adult Education.

Grateful acknowledgment is made to the foregoing and to others who contributed to the development of the manuals.

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FOREWORD

Home Health Care is a revival of the concept that many individuals, who are ill, prefer to remain in their own home and have needed service there rather than in an institution. This service involves the physical, emotional, and environmental well being of the patient.

Home Health Care is not a substitute for hospital, extended care facility, or other institutional care when this care is necessary to meet the patient's need. The goal of home health care is to provide for the patient in his own home those health care services which have been prescribed in writing by the patient's own private physician.

The home health aide will be trained to perform those duties which are outlined in this training manual under the supervision of a registered nurse as prescribed by the patient's physician.

This manual is designed to help the instructors of home health aides gain an appreciation and understanding of the role and duties of the home health aide.

CONTENTS

Page

FOREWORD iii

TABLE OF CONTENTS iv

INTRODUCTION vi

GOALS AND PRINCIPLES OF HOME HEALTH AIDE TRAINING viii

TRAINING PROGRAM OUTLINE ix

SUGGESTED COURSE SCHEDULE xi

HOME HEALTH AIDE TRAINING RECORDS AND REPORTS xiii

UNIT I - The Home Health Aide 1

- Introduction 2
- Ethics 2
- Personal Health 3
- Personal Appearance 3
- Pre-Exam 4

UNIT II - The Approach to Patients and Families 10

- Background 11
- Teaching Suggestions 12
- Specific Approaches 14
- Some Basic Mental Health Principles 15

UNIT III - Management of the Home 16

- Introduction 17
- Physical Environment 18
- Safety 18
- Housekeeping and Sanitation 19
- Care of Bedroom, Kitchen and Bathroom 22

UNIT IV - Food for the Patient 24

- Introduction 25
- Norman Nutritional Needs 25
- Four Food Groups 26
- Necessary Nutrients 26
- Food Preparation 31
- Feeding the Patient 32
- Convalescent Diets 34
- Modified Diets 35
  - Measured Diets 35
  - Low Sodium Diets 37

UNIT V - Basic Nursing Skills 39

How to Instruct 40
Sickroom and Equipment 42
Prevention of Disability 44
Body Mechanics 44
Body alignment 44
Remotivation 45
Rehabilitation of the Mentally Ill 45
Moving the Patient in Bed 45
Patient Activities 46
Activities of Daily Living 46
Care of Hands and Feet 47
Bedmaking 48
Baths 48
Backrub 51
Mouth Care 51
Care of Hair 51
Shaving 52
Elimination 53
Symptoms of Illness 53
Recording 54

UNIT VI - Special Procedures 55

Introduction 56
Temperature 56
Pulse and Respiration 56
Oral Medications 57
Hot Water Bottle 58
Sitz Bath 58
Colostomy Dressings 58
Decubitus Ulcer Care 59
Enemas 60

UNIT VII - Planning and Organizing Patient Care 61

Review of Policies 62
Plan Home Visit 62
Plan Field Training 62

APPENDIX 63

References for Teaching 64
Application for Home Health Aide Training 70
Observations During Interview 71
Life Satisfaction Test 72
Possible Calendar of Training Program 74
Guide to Home Health Aide Assignments 75
Aide Service Home Evaluation Schedule 76
A Guide to Who Does What 78

INTRODUCTION

The instructor's guide contains an outline of material to be covered in the training of home health aides and is planned around the team teaching of registered professional nurses, vocational home economists and other professional disciplines as available and needed. Continuity of content and a minimum of repititious teaching will result when the instructors study the entire content of the Instructor's Guide and the Aide Handbook and plan the total course in advance.

Except for the first and the last units, the units may be arranged to meet the needs of the various training classes.

Much of the success of any training program depends upon the enthusiasm and interest of the instructor and her ability to create a desire for learning.

Some reliable teaching methods that are essential are:

1. Class discussions, demonstrations and practice sessions.
2. A pattern:
    a. Review of preceding session and relating it to current topic.
    b. Pointing out plans and goals for the day.
    c. Proceeding in a logical step by step manner.
    d. Summarizing the key points and main steps and relating them to the next assignment.
    e. Giving hour, date, place, subject and assignments for next session.
3. Determine how much the trainee knows and explain that which he does not know.
4. Build an appropriate home health care vocabulary.

Recommend references for supplemental teaching materials are to be found at the back of the manual. The instructors may want to use other additional references, films, and methods.

Student evaluation should be based on observation of student performance, accuracy of completed portions in the workbook section and tests.

The Commissioner of health of the State of Oklahoma will issue a certificate to each trainee who completes the home health aide training course successful.

The home health aide must take and pass the Oklahoma state merit examination for home health aides before being employed by a county or city health department.

GOALS AND PRINCIPLES OF HOME HEALTH AIDE TRAINING

GOALS:

1. To train the home health aide in those basic nursing skills needed to care for a patient.
2. To train the home health aide in the use of equipment needed for patient care.
3. To train the home health aide to plan her work.
4. To teach the home health aide to record information needed by the doctor and/or public health nurse.

PRINCIPLES:

1. The home health aide works under the supervision of the supervising nurse and other therapists as needed.
2. Follows a nursing care plan made by the public health nurse.
3. Washes her hands before and after caring for the patient to protect herself, the patient, and the family.
4. Gives no medication or treatment without instructions from the nurse. The nurse in turn issues instructions only when she has a physician's written order to do so.
5. Does not impose her will in household decisions nor her own religious and political beliefs on the patient and the family.
6. Does not discuss her personal and family problems with the patient or his family.
7. Remembers that her own neat, clean appearance and pleasant disposition contributes to the well being of the patient.
8. Remembers that a patient's morale (spirits) is lifted when he is bathed, neatly dressed and in clean and orderly surroundings.

TRAINING PROGRAM OUTLINE - 200 HOURS

Classroom Instruction - 60 Hours

Sixty hours of classroom instruction will be taught in accordance with the Oklahoma State Health Department's "Instructor's Guide for Home Health Aide Training" and the "Handbook for Home Health Aide Training." This portion will be taught by a registered nurse, a vocational home economist and other resource people.

Preliminary Field Experience - 60 Hours

This period should run concurrently with the classroom instruction. These hours will be utilized for observation and participation in appropriate activities and in supervised performance of procedures taught in the classroom. See suggested schedule.

On-the-Job Training - 80 Hours

The remaining 80 hours will be carried out in the same manner as when the trainee is employed as an aide in an agency. This period of training with the professional nurse as instructor-supervisor, provides an opportunity for the trainee to orient himself to the on-the-job situation under close supervision before being employed in an agency. It provides the agency an opportunity to evaluate the trainee in an actual work situation prior to his employment.

Work experiences in the home situation will be provided for each of the following functions:

1. Help patient with bath, care of mouth, skin and hair.
2. Help the patient to the bathroom, in using bedpan, or commode.
3. Help patient in and out of bed; assist with ambulation.
4. Help patient with prescribed exercises which the patient and Home Health Aide have been taught by appropriate professional personnel.

Training Program Outline (continued)

5. Help patient relearn household skills.
6. Help patient with eating, prepare meals (including special diets.)
7. Assist with oral medications that can be self administered.
8. Perform those household services which will facilitate the patient's health care at home and are necessary to prevent or postpone institutionalization.

The training staff will seek these experiences with physician's orders from: The Health Department case load, from the DPW, from voluntary health agencies, from hospitals and from personal contacts of staff and aides.

HOME HEALTH AIDE TRAINING

SUGGESTED SCHEDULE

Unit	Instructor	No.Hrs. Instruction	Suggested Activities	No.of Hours	Preliminary Field Experience Suggested Activity
I. The Home Health Aide	Nurse and Vocational Home Economist	3		2	Tour of Health Department.
II. Approach to Patients and Families	Nurse (R.N.)	2		2	Field trip - nursing home, extended care facility and/or hospital
III. Management of the Home	Vocational Home Economist	6		10	Clean and arrange bathroom, kitchen and bedroom. Film and/or demonstration on sanitation and safety by P.H. sanitarian. Field trip may be included. Written evaluation on own home for safety and sanitation. Field trip to rehabilitation center.
IV. Food for the Patient	Vocational Home Economist	14	Plan general and convalescent diet; plan measured diet; prepare and set up trays.	10	Experience in hospital or nursing home kitchen (ADA dietitian on staff if possible) prepare and serve measured, low sodium and soft diet. Feed patients.
V. Basic Nursing Skills	Nurse (R.N.)	24	Demonstration and return of: Bedmaking, bath, oral hygiene, backrub, moving the patient, care of skin and hair, shaving.	27	Complete patient care in home, nursing home or hospital under direct supervision of R.N. Make record on patients cared for.
VI. Special Procedures	Nurse (R.N.)	8	TPR, hot water bottle	3	Take TPR and prepare hot water bottle; observe administering of medicines in nursing home or hospital. Observe other special procedures, if possible.
VII. Planning for Patient Care	Nurse (R.N.) and Vocational Home Economist	3		6	Plan own schedule for patient selected by the R. N. Orientation to community agencies; Department of Public Welfare; Red Cross; Salvation Army; Good Will
TOTAL NO. OF HOURS		60		60	

Suggested Resource People:

(1) County medical director, physician.

(2) Social worker, nursing home operator, minister, psychologist, psychiatric nurse.

(3) Extension home economist, public health sanitarian, fireman.

(4) Dietitian (A.D.A.), Extension home economist.

(5) Physicians, dentists, and other R. N.'s or L. P. N.'s.

HOME HEALTH AIDE TRAINING RECORDS AND REPORTS

A. The following records should be filed in individual folders for each aide trainee.

   1. Application form or forms.[1]
   2. References.
   3. Observations during interviews.[2]
   4. Test scores.
      a. Suggested tests.
         (1) Life Satisfaction Test[3]
         (2) GATB test
         (3) Other tests by instructors.
   5. Physical record.
      a. Physicians' letter
      b. Physical screening test
      c. Immunization

B. Class records file should contain:

   1. A schedule of the entire course.
   2. List of instructors and resource people.
   3. Narrative progress report on each student.
   4. Evaluation check sheet[4] completed on each student.
   5. Record of class attendance and field experiences.

C. Evaluation of program include:

   1. Methods of initiating the program.
   2. Method of recruiting trainees.
   3. Tests given and screening methods used.
   4. Distribution of time.
      a. 36 hours classroom instruction.

Home Health Aide Training Records and Reports (continued)

b. 24 hours of activities, demonstrations and return demonstrations.

c. 60 hours - preliminary on-job training.

d. 80 hours - field experience (on-job training).

5. Employment of Aides.

Appendix:

1. Application for Home Health Aide Training.
2. Observation during interview.
3. Life Satisfaction Test.
4. Evaluation check sheet.

UNIT I

THE HOME HEALTH AIDE

UNIT I

THE HOME HEALTH AIDE

Introduction:

1. The application, interview, life satisfaction test and the physical screening test and physician's endorsement of trainee's health will have been completed before the first class session, under the supervision of the registered professional nurse.
2. A list of unfamiliar terms pertinent to the lesson should be studied during each class period.

STEPS	KEY POINTS	TRAINING AIDS AND TOOLS
A. Introduction	1. Home health care is the care in his own home of the sick and injured.	
	2. Place of home health care in the over-all program of the agency. Brief explanation of relationship of local agency to the parent state and Federal agencies.	Medical Director
	3. The place of the home health aide on the health team, functions of the home health aide.	Public Health Nurse
	4. Preview of the entire course content, including class schedule.	Vocational Home Economist & Nurse Instructor.
	5. "Get acquainted" session: Each trainee tell about self.	Distribute aide handbooks, American Red Cross texts and notebooks.
B. Ethics	1. Common courtesies of daily living: Introductions, conversation and conduct.	Aide handbook
	2. Confidentiality of personal and medical information.	
	3. Interpersonal relationships.	
	4. Agency policies regarding punctuality, meals, receiving gifts.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
C. Personal Health	1. Personal health and sanitation defined.	List of new terms.
	2. A well balanced diet.	Metropolitan Life Ins. booklets. Hea-Health Dept. literature. ARC Text: pp 54-57
	3. Rest and recreation essential to health.	
	4. How infection is spread: Through nose, mouth, skin, and intercourse.	Immunizations to be given to trainees after class sessions.
	5. Avoid illness by: (a) Having regular medical and dental examinations (b) having immunizations, and (c) practicing good personal hygiene and carrying out sanitation measures.	Demonstrations: Handwashing, newspaper waste bag, covering sneeze or cough. ARC Text pp 182-183 and 323-324
D. Personal appearance is related to health.	1. Care of the body: Bathing, care of hands and nails, oral hygiene, cleanliness of hair.	Aide Handbook
	2. Clothing: Uniform, shoes, hose, underclothing. comfortable, clean, practical.	Classroom charts on posture, personal health and/or grooming.
	3. Grooming: Good posture, neat hair arrangement; reasonable use of cosmetics; regular use of deodorant; avoid use of strong perfume, no jewelry except watch and wedding band.	Demonstration of correct posture with trainees participating.
	4. Smoking and gum chewing are to be avoided when on duty.	
	5. A pleasant attitude is reflected in the general appearance.	
E. Summary	Brief review of: Purpose of program; course plan; expectation of trainees; ethics, personal health and appearance.	
F. Assignments	Give hour, date and place of next session; subject(s) to be covered; textbook or practice assignments; materials needed for following class session.	

HOME HEALTH AIDE PRE-EXAM

Complete the following statements. Three of the answers are correct and one is incorrect in each statement. Circle the incorrect answer.

1. In preparing the menu or meal pattern for a patient, the facts that must be considered are:

   (a) Meal patterns must be based on the food habits of the patient.

   (b) The economic status of the patient should be considered.

   (c) The nutritional content of food should be considered.

   (d) The aide should not prepare any food that she, the aide, does not like.

2. The following foods are high in protein:

   (a) Chocolate cake

   (b) Meat

   (c) Eggs

   (d) Cheese

3. Lack of Vitamin C may result in:

   (a) Bleeding gums

   (b) Easy bruising

   (c) Result in a predisposition to pressure sores

   (d) Nervous reaction

4. Vitamin A, which is called the anti-infection Vitamin, is found in:

   (a) Breads and cereals

   (b) Dark green vegetables

   (c) Dark yellow fruits and vegetables

   (d) Liver

5. Measured diets are used for:

   (a) Diabetes

   (b) Overweight

(c) Underweight

(d) Where a low sodium diet is required

6. The following foods are high in sodium:

(a) Bologna

(b) Baking Soda

(c) Cheese

(d) Fresh Beef

7. When a home health aide goes into a home she must:

(a) Perform the duties as outlined by the R. N. in charge

(b) Consider the family in performing her duties

(c) Do the things which she (the home health aide) can do the best

(d) Perform the duties which would add most to the comfort and well being of the patient

8. When caring for a patient the aide should:

(a) Under R. N.'s and patient's physician's directions decide what patients can do for themselves

(b) Do everything possible for patients

(c) Motivate patients to want to do things for themselves

(d) Plan to make self care easy for the patient

9. A home health aide should:

(a) Plan her work so the most can be accomplished with the least effort

(b) Be sure she takes enough time doing her work to fill up her eight hours a day

(c) Make every move count in her work

(d) Use labor-saving equipment, food, and ideas whenever possible

10. Some ways to avoid food poisoning are:

(a) Do not give patient foods in which egg which have not been thoroughly cooked

(b) Place all perishable foods in the refrigerator for preservation

(c) Avoid handling food when one has an open sore or wound

(d) Depend completely on family members for safe sanitary procedures

Complete the following statements by checking the answer which will make the statement true.

11. In giving mouth care to an unconscious patient, all of the following are articles commonly used except -

(a) applicators

(b) glycerine and lemon juice

(c) toothpaste

12. In combing a woman's hair, it is especially important to grasp the hair above where the comb is being used if the hair is -

(a) short

(b) coarse

(c) tangled

(d) curly

13. If a bedpan is to be put under a heavy patient whose skin tends to stick to the pan, a practical first step is to -

(a) moisten the seat of the bedpan with alcohol

(b) sprinkle talcum on the seat of the bedpan

(c) oil the buttocks

14. For which, if any, of these body areas is 99.6° F a normal temperature?

(a) axilla

(b) mouth

(c) rectum

(d) none of the above

15. The home health aide gets a (Fahrenheit) rectal thermometer from the container and finds that it reads 92.8°. Before using the thermometer to take a rectal temperature one must -

(a) re-read it

(b) sterilize it

(c) shake it down more

(d) lubricate it

16. If the pulse beats occur at the rate of two per second for a few beats, then one per second again, the pulse is called -

(a) irregular

(b) bounding

(c) compressible

(d) thready

17. When the patient's respirations are being counted, it is best that the patient -

(a) try to breathe evenly

(b) sit up straight

(c) breathe as deeply as he can

(d) not be aware of the counting

18. When a person breathes in and then breathes out, then breathes in and out again, this is counted as -

(a) one respiration

(b) two respirations

(c) three respirations

(d) four respirations

19. The words in each of these pairs can be used to mean the same thing, except -

(a) feces and stool

(b) void and urine

(c) comatose and unconscious

(d) clammy and warm

20. All of these points may be true of a well made bed. Which one is the most important?

(a) The cuff made by turning the top sheet back over the spread is eight inches wide.

(b) The drawsheet is smooth and tight.

(c) The heavy seam of the pillow case is toward the top of the bed.

(d) The open end of the pillow case is away from the door.

References

Test Reservoir for Aide Instructors in Nursing, National League in Nursing.

INSTRUCTOR'S KEY FOR PRE-EXAM QUESTIONS

I. Give the twenty questions at the beginning of the course to determine the basic knowledge of the group. The questions should be given again at the end of the course.

II. Keep a record, mainly for evaluation to see if they retain new knowledge.

III. Do not discuss the questions with the student at this time.

1. D
2. A
3. D
4. A
5. D
6. D
7. C
8. B
9. B
10. D
11. C
12. C
13. B
14. C
15. D
16. A
17. D
18. B
19. D
20. B

UNIT II

THE APPROACH TO PATIENTS AND FAMILY

UNIT II

THE APPROACH TO PATIENTS AND FAMILIES

Background

Long-term illness has many side effects; some are discouragement, fear, anxiety, loneliness, economic stress and disruption of the family's pattern of living. These effects, together with fatigue and irritability may mar the normal or customary family harmony. It is important that the home health aide understand that these stresses will often be present in the family that is coping with illness of one or more family members.

Illness affects the way the patient feels about himself. His emotional response may be disproportionate to the degree of illness or other reality factors. Each family will differ in its response to illness and what is helpful with one family or patient may not be effective with another, even though the situations may appear similar.

Sick people of all ages react emotionally to illness. Everyone, whether sick or well, strives for certain basic needs; love, security, a sense of belonging and self realization. Some of the fears of illness, especially of the older person, are that he will become helpless and unable to care for himself, lose his independence or be abandoned. Long-term illness sometimes destroys the individual's ability to handle problems and decreases his sense of personal worth. Self-esteem may be maintained or increased by encouraging self help to the maximum extent of the person's ability.

Situations of patients of different age levels will have differing emotional impact on the home health aide, depending on her life experiences and family relationships. Equally true is the fact that patients and families will react in various ways to the home health aide, often casting her in a role that meets their needs. In some instances she may be regarded by the patient or family as a substitute daughter, or a mother figure; the aide may also be seen as displacing the wife or mother, or as a punishing or withholding person.

Knowledge and supervisory support can help the home health aide handle herself in the home situation, and achieve the necessary balance between overprotectiveness and insensitivity to suffering.

Teaching Suggestions

1) Persons who choose home health aide work are often moved by the desire to help people who are ill, helpless and in need of personal care. The instructor should encourage the discussion of the aides' interest in choosing their work and find opportunities for reinforcing positive and humanitarian attitudes that are expressed by the trainees.

2) Natural ways of talking and getting along with patients are to be encouraged, since the aide's warmth, common sense and good intentions will carry her through many difficult situations with beneficial results to the patient.

3) Knowledge of some of the common emotional states of ill or aging people can enable the aide to be more effective in the ways she works with such persons. The instructor can discuss with examples, the emotional states which can be anticipated: depression, low self esteem, helplessness and hopelessness, futility; or on the other hand, demanding, childish, angry, fault-finding behavior. Discussion of the reasons for these emotional responses can be placed in a framework of:

a) Realistic responses to severe and devastating illness or other events in patient's situation.

b) Childish, emotional response to illness.

c) Responses associated with brain damage or other organic changes.

This framework may be a learning tool for understanding the patient's emotional state more objectively so that these reactions are not felt as necessarily directed at the aide or caused by her.

4) Realistic goals: The aide's expectations of the changes she will be able to effect should be optimistic but within the limits set by the patient's physical and emotional condition and the situation. Many of the patients can make only a little progress or will be doing well to slow up the effects of the illness. The aides should not expect to accomplish miracles.

The aide needs to understand the overall goal and her specific assignment as it relates to the medical and nursing plan for the individual and the family. Such understanding will help prevent the aide from setting impossible goals for herself with attendant frustration and sense of failure.

5) Attention should be called to the wide variation in patients' desire to be helped or to be independent. Awareness of this desire will help the aide to understand that some patients will want to do for themselves, and others receive satisfaction from being served.

6) The range of choices for some sick and disabled persons is limited. The value of allowing the patient to make choices when feasible and with discretion, can be emphasized. (i.e., on which side, left or right?, do you want to start your bed bath?)

7) There is security for some people in holding on to customary patterns of doing things - i.e., washing dishes, making coffee, etc.

8) Point out the contributions which might be made by the aide, who often is the person on the Health Team having the longest periods of time with the patient and the family. Her observation and reporting of such matters as moods, changes in appetite, energy, personal hygiene and nature of complaints will help document the patient's progress.

9) The aide should be taught that the person caring for the aged and dependent patients, often becomes emotionally involved.

Specific Approaches

1) Introduction of aide to family; decide who will do it; give opportunity to observe manner of approach used by nurse; use role playing to rehearse initiation of contact; talk about words and phrases aide can use in introducing self.

2) Interviewing Techniques: can be guided by what patient and family members say, and following their lead; match their mood (if appropriate); turn questions back, i.e., "What do you think?" "How do you feel about that?" avoid taking sides or engaging in a debate; (i.e., about sex, religion and politics); ways of giving encouragement and reassurance. Use of proper address and last names except for children.

3) Discuss confidentiality or the safeguarding of personal information: avoid use of names of families in conversations, or discussing situations and interesting developments in cases, within or outside the agency, except in supervisory sessions.

4) Discuss ways of handling personal questions as briefly and noncommittally as possible. Avoid sharing personal experiences or comparing the present situation with some previously known situation.

5) Timing and Frequency of Contact: the patient often perceives the time spent with him as evidence of concern and respect for him. Assuring patient and family of the frequency and length of the home health aide visits can increase his confidence and help patient and family to make best use of the time. The following approaches might be useful in clarifying plans for the aides' visits to the patient and family group.

Let patient and/or family know the frequency and length of visits.

Visits should be unhurried. When the aide has time to sit and "visit a bit" this conversation is in itself a useful part of the service. Visits should be terminated when service is completed.

Remind patient and/or family as to the time of next visit.

Convey the idea that the home health aide visit will be made as scheduled and the family can depend on it and plan accordingly.

Some Basic Mental Health Principles

(understandings for working effectively with people)

1. Behavior is meaningful; serves a purpose and goes back to causes. Many of the causes are deeply rooted in the individual's past life experiences.

2. To understand behavior we must consider "needs" common to everyone.

    a. Physical needs - such as hunger, thirst, sleep, warmth.

    b. Emotional and social needs - such as need for love, affection, belonging, security, accomplishment, recognition, approval, self-confidence, self respect.

    c. Spiritual needs and values.

3. Emotional patterns and resultant behavior develop early - in infancy and childhood, thus emphasizing the importance of care, love and affection in early years.

4. Behavior is learned, and often cannot be modified until the underlying feelings are changed.

5. Emotional changes in the way we feel, and consequently in the way we behave are often related to critical life experiences (such as pregnancy, parenthood, sickness, accidents, loss through separation or death, stages of growth, adversity, fulfillment).

6. Emotional needs may be intensified at times of critical life experiences and at certain ages and stages.

Mental health is characterized by ability to meet people, accept responsibility, solve problems as they arise or make adjustments to them, express emotion naturally, respect other people and respect oneself.

Reference: ARC Text, pp. 115-133.

UNIT III

MANAGEMENT OF THE HOME

UNIT III
MANAGEMENT OF THE HOME

Introduction

Management is an Important Responsibility of the Home Health Aide

1. Extended illness may create a need for more careful planning.
2. An analysis of the potential responsibility of each family member will contribute to the well-being of the patient.
3. A plan for meeting emergencies must be developed and understood by the health aide and all members of the family.
4. Rearrangement of furnishings and supplies during illness, with family consent, often helps to decrease time and effort required in the care of the patient.
5. The selection and improvisation of equipment appropriate to needs can help both the patient and those responsible for patient care.
6. Appropriate rehabilitation and recreation is often significant to the improvement of the patient.
7. Illness in the home may necessitate improvement of food management in order to maintain nutritional needs of the family unit on a satisfactory budget.

BACKGROUND RESOURCES

Management for You
Fitz Simmons, White - J. B. Lippincott Co., Philadelphia or New York

Management for Better Living
Mary Catherine Stars - D. C. Heath & Co., 713 Browder Street, Dallas 1, Texas

Managing Living Time -
Margaret Raines - Charles A. Bennett Co., Inc. 237 North Monroe Street, Peoria, Illinois

Home Nursing Handbook, Revised
Fleming, Benson - D. C. Heath

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
A. Conference with Nurse Discuss methods of setting up a priority of work	1. The supervising nurse determines duties to be performed. 2. The physician, nurse, and the aide must decide which duties will contribute most to the patient's well-being.	
B. Point out that home management is a democratic decision-making process.	1. The homemaker and the rest of the family make or help make the decisions. 2. It takes tact to work with the family in planning. 3. The first visit is a good time to analyze jobs and responsibilities a. Get acquainted with patient and family members. Consult them on preferences: consider family practices. b. Consider amount of time spent and priorities in care of patient. Work out tentative schedule.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
B. (continued)	c. Secure emergency phone numbers.	
	d. Discuss responsibilities for expenditures for groceries or supplies -- Plan, make lists, keep receipts and account for expenditures.	
C. Physical Environment: Talk about different environmental conditions the home health aide may find in the homes.	1. Evaluate human resources.	
	2. Evaluate equipment available. Be sure the aide knows how to operate available equipment.	
	3. The home health aide should know the location of the water, gas and electric shut-offs.	
Safety		
D. Point out some of the major causes of accidents.	1. Tenseness, fatigue, worry, inadequate equipment, inadequate training, and poor organizational planning cause accidents.	A Guide Oklahoma; School Lunch; Sanitation and Safety State Department of Health Check sheet for safety leaflet L-45 Oklahoma State Univ. Ext. Service Stillwater
	2. Falls from bed and accidents occurring while patient is getting in and out of bed are too frequent. Items such as watches, glasses, and call bells should be placed close enough to bed so patient can reach them safely.	
	3. Be particularly observant of patient who is smoking in bed.	Accident Prevention Can Be Learned, Metropolitan Life Insurance Company
	4. Spilled water and food should be removed from floor immediately. Highly polished floors and throw rugs are safety hazards.	
	5. Instruct home health aides in safety precautions in regard to:	
	a. Electricity -- good repair, operation of appliances.	
	b. Sprays, disinfectants, cleaning agents.	
	c. Other danger areas of the home.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
D. (continued)	6. Medications. 7. Keep cabinet and storage doors closed. 8. Fires -- Safety (for example: storage of matches and use of range) 9. Personal safety. (a) Use of hand rails (b) Use of crutches and canes (c) Hazards from loose fitting clothing 10. Keep traffic lanes clear. 11. Properly dispose of broken dishes and equipment. Note: See suggested experience in preliminary field experience.	Wash Dishes Right, Federal Est. Service, U. S. Department of Agriculture Film - Staphylococcus Intoxication, Outbreak of (color) 12 min., 1957, Okla. State Dept. of Health Salmonella Infection, Outbreak of (color) 14 min., prof, 1957 Okla. State Department of Health Principals of Food Santitation (color) 20 min., a - prof., 1953 Okla. State Department of Health
Housekeeping and Sanitation		
E. Point out principles of safe housekeeping and sanitation.	1. Wash hands before preparing food and giving patient care. Wash hands after handling patient. 2. Dispose of waste material from sickroom as soon as possible. 3. Each person should have his own towel and wash cloth. Launder frequently. 4. Change bed linens as frequently as necessary. 5. Keep kitchen towels clean. Use paper towels when available and appropriate. 6. Rinse clean dishes with boiling water; allow them to dry in a dish drainer covered with a clean cloth.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
E. (continued)	7. The home health aide is responsible for the sanitation of the kitchen and for safe food for the patient and family.	
	8. The most common types of food poisoning are staphyloccus and salmonella, (discuss).	
	9. Staphylococcus bacteria is often present in the human skin (is abundantly present in pimples and wounds).	
	10. Salmonella infection usually results from infected dairy products, custards, meats, raw eggs, and smoked fish.	
	11. Some suggestions to follow to avoid food poisoning are: (a) Don't give patient food in which the whites of eggs have not been thoroughly cooked. (b) Avoid contamination of food (e.g., handling food with infection on skin). (c) Do not hold perishable food at temperature at which bacteria will grow. (d) Give special attention (keep refrigerated) to cream puddings and pies, ham, chicken, potato salad, and leftovers. (e) Never eat or taste home-canned non-acid foods without boiling vigorously for 20 minutes. (Botulism is frequently fatal.)	
	12. Care of food in refrigerator. Note: See suggested experience in preliminary field experiences.	
F. Discuss arrangements for ease in nursing.	1. Devise a plan for raising the bed to a convenient height.	
	2. Assemble dishes for meal service on tray, ready for next meal.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
F. (continued)	3. Provide a waste receptacle convenient for patient to use.	
	4. Place within reach a bell or whistle for patient's use in signaling for help.	
G. Determine ways to save time in preparing food for the patient.	1. Decide what foods can be prepared before leaving home, and what can be done by employed helper or by patient himself.	
	2. Write down receipes needed, with amounts to be served.	
	3. Determine whether patient could use a "packed" lunch.	
	4. Plan family meals where possible to contain some foods the patient can eat.	
H. Recognize things patients can do for themselves.	1. Decide what patient can or cannot do. -- Assemble a noon meal from partially prepared food.	
	2. Plan to make self-care easy.	
	a. Place telephone near bed, if possible.	
	b. Leave water, fruit juices, and beverages in vacuum bottle or pitcher within reach.	
	c. Have some recreational materials close at hand.	
I. Discuss the role of family and neighbors in care of patients.	1. Total plans for patient care may be suggested.	
	2. Suggest means of securing companionship for patient.	
J. Emphasize importance of best use of time and motion.	1. Every move should count.	
	2. Work should be planned so that the most work can be accomplished with the least effort.	
	3. Use labor-saving equipment, food, and ideas whenever possible.	
	4. Time is money.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
K. Care of Patient's Room Point out the importance of a clean, orderly room -- consider time and sequence	1. A clean, orderly room is essential.	
	2. The patient's opinion on location of furniture must not be overlooked.	
	3. Give personal care to patient first.	
	4. Check jobs to be done.	
	5. Gather equipment (cleaning materials and supplies). Air room if possible.	
	6. Remove waste baskets and empty ash trays.	
	7. Clean and arrange dressers and tables.	
	8. In general, proceed with cleaning from top to floor.	
	9. Replace everything.	
	10. Adjust lights and ventilation.	
L. Discuss importance and means of maintaining kitchen and bathroom cleanliness.	1. Kitchen and bathroom should be cleaned daily.	
	2. A suggested procedure for cleaning the kitchen:	
	a. Put away or dispose of food -- check refrigerator for spoiled foods.	
	b. Stack dishes for washing.	
	c. Wash and put away dishes using Santiary procedures -- scald with hot water as suggested in "Sanitation Unit".	
	d. Clean all surfaces, including range top.	
	e. Sweep	
	f. Empty trash and dispose of garbage	
	g. Mop floor, if necessary.	

STEPS	KEY POINTS	METHODS, AIDS AND TOOLS
L. (continued)	3. A suggested procedure for cleaning bathroom:	
	a. Remove soiled towels and wash cloths.	
	b. Clean and sanitize fixtures (lavatory, tub, stool)	
	c. Clean floor.	
	d. Empty trash	
	Note: See suggested experiences in preliminary field experiences.	

UNIT IV

FOOD FOR THE PATIENT

UNIT IV

FOOD FOR THE PATIENT

Introduction

Food means different things to different people.

1. It may portray the measure of feeling and understanding of those who prepare it.
2. It may be the means of supplying social, emotional and physical needs.
3. It is a means of meeting a physical need.
4. A patient's emotions may affect his food acceptance; food acceptance will affect a patient's emotions.

STEPS	KEY POINTS
A. Point out the complexity of various attitudes on food.	1. Food must be accepted and eaten by the patient before it is of value. 2. Food must meet cultural needs of the patient. 3. Biologically, food is life. 4. The meal pattern must be based on the food habits of the patient. 5. A person's health affects his food needs, attitudes and uses. 6. Personnel should not influence patients because of own food likes and dislikes. 7. Religious dietary laws must not be overlooked. 8. The economic status at time of formation of dietary habits as well as present economic status influences food habits. 9. The patient's opinion of the Home Health Aide may be influenced by her acceptance of the food prepared by the Home Health Aide.
B. Discuss the importance of fulfilling the normal nutritional needs.	1. What we eat affects us physically and mentally and has a great deal to do with our attitudes toward life. 2. Nutrition may be approached in two ways: a. In terms of food (basic four) such as meats milk, fruits and vegetables or cereals. b. In terms of nutrients such as carbohydrates, fats, proteins, minerals and vitamins.

SUGGESTED RESOURCES

Foods in Homemaking, Cronin & Atwood - Charles A. Bennett, Inc. Peoria, Ill.

Guide to Modern Meals, Shank, Fitch, and Chapman. McGraw-Hill Book Co.

Food for Better Living, McDermott, Trilling, Nicholas, J. B. Lippincolt Co., Chicago, Illinois

Your Foods Book, Harris & Withers D. C. Heath & Co., 511 Lakawana St., Dallas, Texas 75247

Handbook of Diet Therapy, Dorothea Turner, Univ. of Chicago Press, Chicago, Illinois

Food for Fitness - A daily food guide, leaflet #424 (1958) available from Okla. State. Dept. of Health.

"Guide to Good Eating, A" National Dairy Council, Chicago 6, Illinois

Prepare and Serve Safe Meals, Federal Extension Service. U.S. Dept. of Agriculture, food guide for older people.

Home & Garden Bulletin No. 17, U. S. Dept. of Agriculture

Film - Four Food Groups - 11 min. 1962

STEPS	KEY POINTS	TRAINING AIDS AND TOOLS
C. Discuss the Four Food Groups and recommended servings.	1. Milk Group. a. Two or more 8 oz. cups daily 2. Meat Group - Two or more servings daily (4 - 6 oz.) 3. Vegetable and Fruit Group a. Four or more (1/2 cup) servings daily. b. One serving (or equivalent) daily of food high in Vitamin C. c. One serving at least 4 times a week of food high in Vitamin A. 4. Bread & cereal group (whole grain, enriched, or restored) a. Four or more servings (one slice of bread or 1/2 to 3/4 cup cereal.	
D. Emphasize the importance of the necessary nutrients and in which foods these nutrients are most abundant.	1. Carbohydrates (sugar and starches) a. Necessary for heat and energy in body. Excess stored as fat. 2. Fats. a. Necessary for heat in energy in body. More concentrated source than carbohydrates. Excess stored as fat. Note: Energy is measured by units called calories. Fats (in equal amounts) will supply more than twice as much energy as carbohydrates. If person is overweight, the energy food should be reduced. If underweight, they should be increased. 3. Protein a. Builds and repairs tissues. May be converted to energy if not needed for building. b. Complete protein has all amino acids (building blocks) necessary for health. Animal sources (with the exception of gelatin) are complete proteins. Examples are beef, port, lamb,fish, poultry, eggs, milk and cheese.	

D. (3, continued)

c. Incomplete protein is usually from vegetable sources. Incomplete protein is converted to energy unless a complete protein is present in the same meal. Examples are dry beans, dry peas, lentils, nuts, peanuts and peanut butter.

4. Minerals.

a. Calcium - necessary for healthy bones and teeth, to regulate muscle action and to help blood clot. Important sources are milk and milk sources. Dark green leafy vegetables also contain calcium.

b. Iron - necessary for making hemoglobin in red blood cells. Iron is especially important in the diet of elderly, as bone marrow frequently does not produce enough red blood cells. Excellent sources: liver, heart, kidney, lean beef, pork, lamb, legumes, dried fruit, leafy greens enriched or whole grained vegetables.

c. Iodine - necessary for functioning of thyroid gland (prevents goiter). Need for iodine may be met by using iodized salt.

d. Phosphorous, potassium and other minerals are essential in diet. If other requirements are met by food intake, these will usually be adequate.

5. Vitamins.

a. Vitamin A

(1) Necessary for normal vision, healthy eyes, healthy skin & body lining. Vitamin A is shield against infection, such as colds and pneumonia.

D. (5, continued)

(2) Vitamin A is found in dark green and yellow vegetables and fruits (e.g. apricots, broccoli, cantaloupe, carrots, chard, collards, cress, kale, pumpkin, spinach, sweet potatoes, turnip greens, and winter squash), liver, butter, fortified margarine, cream, egg yolk, cheese (yellow) and fish liver oils.

(3) Vitamin A is fat soluble, insoluble in water and is not destroyed by ordinary cooking temperatures.

(4) Overdoses of Vitamin A in concentrated form may cause liver damage. Vitamin A is not excreted. Take Vitamin A in concentrated form only on physician's prescription. One cannot get overdose from foods.

b. Vitamin B Complex.

(1) Vitamin B_1 (Thiamin)

(a) Necessary to maintain appetite, retain muscle tone and healthy mental attitude. Vitamin B-1 is also necessary for carbohydrate metabolism and elimination. Lack of Vitamin B-1 affects interest, ambition, attention and sociability of patients.

(b) Good sources are pork products, legumes, whole grain and enriched cereals (enriched flour is six times as much as unenriched)

(c) Vitamin B is water soluble. Much may be lost in cooking if water is thrown out.

STEPS	KEY POINTS	TRAINING AIDS AND TOOLS
D. (5, continued)	(2) Vitamin B_2 (Riboflavin) (a) Necessary for growth, healthy skin and eyes. (b) Vitamin B_2 may be found in glandular meats, milk, cheese, eggs, veal, green leafy vegetables, salmon and enriched flour. (c) Vitamin B_2 may be leached out into water when cooking, may be destroyed by sunlight. (3) Niacin (part of B complex) (a) Prevents pellagra, (characterised by halitosis, diarrhea, emaciation, lack of appetite for food and water) (b) Found in glandular meats, muscle meat, poultry, fish and enriched flour. C. Vitamin C. (a) Necessary to maintain healthy gums, blood vessels, body tissues and for metabolism of protein. (b) Good sources for Vitamin C are grapefruit, grapefruit juice, orange, orange juice, cantaloupe, raw strawberries, broccoli, brussel sprouts, green peppers and sweet red peppers. (c) Fair sources of Vitamin C are honeydew melons, lemon, tangerine or tangerine juice, watermelon, asparagus tips, raw cabbage, collards, cress, kale, kohlrabi, mustard greens, potatoes and sweet potatoes cooked in the jacket, spinach, tomatoes or tomato juice and turnip greens. (d) A serving of a food which is a good source of Vitamin C, or two servings of foods from fair source of Vitamin C will meet daily Vitamin C requirement.	

STEPS	KEY POINTS	TRAINING AIDS AND TOOLS
	D. Vitamin D. (1) Necessary for calcium absorption and metabolism. (2) Best sources are fish oils, fortified milk, butter and egg yolk.	
E. Emphasize each food containing more than one nutrient.	1. Few foods contain only one nutrient. Some foods contain more of each than others. 2. It is important to get the necessary nutrients from food when possible. 3. Other known (numerous vitamins and minerals) and unknown nutrients are necessary for health. 4. A well balanced diet of food rather than depending too much on dietary supplements will help assure good health.	

FOOD PREPARATION

Introduction

1. Certain food preparation principles are most important.

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
A. Discuss principles of protein cookery.	1. High temperatures toughen protein. 2. Less tender cuts of meat require low moist heat cookery. 3. Meat may be tenderized by slow, low temperature cooking, pounding, grinding and aging. 4. Pork must be cooked well done.	Charts from: National Lifestock & Meat Board. U. S. Department of Agriculture. National Poultry & Egg Assoc. U. S. Dept. of the Interior Fish and Wildlife Service Food Preparation Manual Department of Food, Nutrition and Institutional Administration, Oklahoma State University, Stillwater, Oklahoma.
B. Discuss principles of beverage preparation.	1. Coffee must be made in clean container, with fresh water. Coffee should not be boiled.	
C. Briefly discuss salad preparation.	1. Salads add variety to meals. 2. Salads should be fresh, cold and attractive.	
D. Emphasize the importance of vegetable cookery.	1. Overcooking destroys vitamin C. 2. Strong flavored vegetables should be cooked uncovered; mild flavored vegetables should be cooked covered in small amount of water.	

FEEDING THE PATIENT

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
A. Preplanning	1. Plan ahead as to when to prepare food and when and where to feed the patient.	
	2. Check doctor's orders as to correct diet. Have necessary foods and equipment at hand.	
	3. Plan so that hot foods are hot and cold foods are cold when ready to serve.	
	4. Tell the patient what you are going to do. Wash his hands and face. Place him in a comfortable position.	Demonstration materials: Tray set up with both liquid and solid foods, extra napkins, straws, etc. "Patient" in bed. Wash cloth and towel. Basin of water.
	5. Wash your hands. Place the tray in a convenient position for the patient and you. Tell the patient about the food. Place a napkin under his chin. Test hot food on your wrist to avoid burning the patient's mouth.	
B. Maintain a pleasant atmosphere.	1. Have tray arranged attractively with a flower on it if possible. Be sure that room is orderly and with no unpleasant sickroom equipment in sight.	
C. Feed the patient as you:	1. Alternate foods and liquids. Feed slowly. Maintain a relaxed attitude so that patient does not feel hurried. Allow patient to do as much as possible for himself.	(Refer to materials on Rehabilitation)
D. Follow-up procedures are important.	1. When the patient has finished eating, allow him to rinse his mouth or brush his teeth. Rearrange his pillows and leave him in a comfortable position. Leave call bell within reach! Record the amount and kind of foods taken.	

Feeding the Patient (continued)

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
E. Soap and hot water are essential to control of contamination.	1. Remove the tray and wash dishes and pans with hot soapy water - first the glassware, then silver, china and pans. Rinse with boiling water. Allow to drain dry or dry with towel.	Pan of hot soapy water, Kettle of boiling water. Empty pan for rinsing. Towel for draining or drying.
F. Practice improves performance.	1. Allow trainees to go through steps of planning, feeding and follow-up. Being fed by another is a good learning experience.	Reference: ARC Home Nursing Text. pp 233-235.

CONVALESCENT DIETS

Introduction

1. As in all diets, the convalescent diet should be prescribed by the physician.
2. Soft diets and low fiber diets follow the normal diet pattern with modification of consistency.
    a. May be restricted amount of indigestible carbohydrates and no tough connective tissues.
    b. Diet modification may be one that specifies mechanically soft.

BACKGROUND RESOURCES

Approved diet manuals and texts as previously noted.

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
A. Refer to Tables 1 & 2 in Aide Manual.	1. Some soft or full liquid diets are restricted in amount of indigestible carbohydrates and connective tissues present.	
	2. If only modification required is that the diet be made mechanically soft, this may be accomplished by cooking, mashing, pureeing, or homogenizing the food used in normal diet.	

MODIFIED DIETS

Introduction

1. Modified diets are prepared only as prescribed by the doctor.
2. Nurses, Dietitians, or Home Health Aides do not prescribe diets.

BACKGROUND RESOURCES

Diet Manual - The University of Oklahoma Medical Center Oklahoma City, Okla. ($3.00)

Oklahoma Diet Manual, State Dept. of Health, Oklahoma City, Oklahoma

MEASURED DIETS

Introduction

1. Measured diets, those in which specific amounts of various food groups are prescribed, are used in planning the high and low fat, high and low carbohydrate and high and low protein diets. The measured calorie diet is used as a part of the treatment of the diabetic, overweight and underweight patient.
2. The Exchange List is a method used in planning measured diets.

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
A. Study and become acquainted with Exchange Lists.		Film strip - Diabetes Kit
B. Refer to Milk Exchange List No. 1.	Recognize patients likes and dislikes in this area. Some or all of the milk may have to be used in cooking.	Meal Planning with Exchange Lists ADA Plan No. 1 ADA Plan No. 2 ADA Plan No. 3 ADA Plan No. 4
C. Refer to Vegetable Exchange List No. 2 (Vegetable Exchange A)	1. 2A Vegetables have the smallest amount of sugar. These vegetables may usually be eaten as desired. 2. Seasoning (i.e., butter or other fat), must be counted in the circulation.	
D. Refer to Vegetable Exchange List No. 2 (Vegetable B)	1. Point out the fact that 2-B vegetables have more sugar; therefore, they must be eaten in limited specified amounts. One-half cup equals one exchange. 2. Fat seasoning or salad dressing may be used if you use it as one of your fat exchanges.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
E. Refer to Fruit Exchange List No. 3.	1. Note amount of each fruit that constitutes one exchange (i.e., one apple equals 1/2 banana).	
	2. Note which foods are rich in Vitamin C (i.e., oranges, grapefruit).	
F. Refer to Bread Exchange List No. 4	1. Note variety of foods on this Exchange List. (Note: One small potato equals three soda crackers.) Potato is usually high in satiety value.	
G. Refer to Meat Exchange List No. 5	1. Any meat may be used (Note: cheese, eggs, fish, or other foods rich in protein may be used in place of meat for variety).	
	2. Attention must be given to amount of food in this list. (Note: one ounce of meat equals one exchange, one egg equals one exchange, 1/4 cup cottage cheese equals one exchange.)	
H. Refer to Fat Exchange List No. 6	1. One fat exchange equals 5 gms. fat and 45 calories. Fat must be carefully controlled in diabetic diets.	
	2. You may use your fat exchange in preparing vegetables. Note variety of foods high in fat (i.e., nuts, olives, bacon, avocado).	

LOW SODIUM

Introduction

A sodium restricted diet and degree of restriction is prescribed only by the doctor. Sodium restricted diets are usually called the mild, moderate and strict restriction. Low sodium diets are frequently thought of as simply low salt. This is not true. Na is the symbol used to denote sodium.

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
A. Emphasize that salt is only one compound that contains sodium.	1. Some compounds that contain sodium (Na) are: Salt (sodium chloride) Baking soda (bicarbonate of soda) Baking powder Monosodium glutamate Sodium cyclamate and sodium Saccharin (often found in low calorie drinks and desserts) Brine (salt & water) used in canning vegetables, making corned beef, lunch meats, pickles and kraut.	Your 500 milligram Sodium diet Your 1000 milligram sodium diet Your mild sodium restricted diet Oklahoma Heart Association 825 Northeast 13th Oklahoma City, Oklahoma
B. Point out foods restricted on mild restricted low sodium diet.	1. On mild restricted diets do not use: a. Breads and rolls with salt toppings, potato chips, pretzels, salted popcorn. b. Salty or smoked meat (bacon, bologna, chipped or corned beef, frankfurters, ham, kosher meats, luncheon meats, salt pork, sausage, smoked tongue). c. Salted or smoked fish (anchovies, caviar, salted and dried cod, herring, sardines). d. Processed cheese (unless low sodium dietetic) cheese spreads, or any cheese such as roquefort, camembert, and gorgonzola. Peanut butter (unless low Na diabetic). e. Salted nuts, olives, bacon and fat, salt pork.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
	f. Bouillon cubes, catsup, garlic salt, and celery salt, chili sauce, horseradish, meat extracts, meat sauces, meat tenderizers.	
	g. Monosodium glutamate, prepared mustard, olives, pickles, relishes, salt at table, soy sauce and worchester sauce.	
C. Point out specific diet orders will be given for sodium restricted diets.	Patients on 500 mg. or less sodium diets should be hospitalized. Note: Ten hours of preliminary field experience is recommended for additional work in food management . See Unit 4 under preliminary field experience.	

UNIT V

BASIC NURSING SKILLS

HOW TO INSTRUCT

The Four Step Method of teaching skills has been very successful in training aides in hospitals and nursing homes throughout the country and has cut down the amount of time needed to learn a procedure.

Step I. Prepare the home health aide.

- a. Put aide at ease.
- b. State the procedure to be done and find out previous knowledge of it.
- c. Create interest in learning the procedure. Instructor's attitude is important.
- d. Place home health aide in best position to see and hear the instruction.

Step II. Demonstration

Present the procedure.

TELL, SHOW, ILLUSTRATE ONE IMPORTANT STEP AT A TIME.

Stress KEY POINTS.

Be patient - use simple words.

Encourage questions.

Step III. Return Demonstration

Have home health care aide do procedure. Correct errors.

Have her do it again and explain how and why.

Have her repeat the procedure until you are sure she knows.

Step IV. Follow Up

Supervise performance in the home. Inform aide she can get help from you or the supervising nurse.

Tell aide to bring any questions she might have to you or the supervising nurse.

How to Instruct (continued)

The following points should be stressed when teaching procedures:

A step is a logical segment in the performance of a procedure that advances the work; is an action word.

A key point is anything in a step that might answer the following questions:

1. Does it "make" or "break" a procedure?
2. Is there any hazard?
    1. a. Injury to patient, aide or material.
    2. a. Contaminate area?
3. Make the work easier to do? Special "trick", "knack", "timing"?
4. Does it affect the patient's comfort?

UNIT V

BASIC NURSING SKILLS

1. Sick Room and Equipment

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
A. The patient's room should meet both his needs and those of the person caring for him.	Consideration should be given to ventilation, temperature control, privacy, control of light and noise, cleanliness, order, pleasantness.	Note: Refer back to Home Management Material. Avoid repetition of material ARC Text, pp. 134-136
B. The bed should fit the patient and meet care needs	1. Height and type of bed depends on the mobility of the patient. Hospital beds may be available on loan or for rent.	
	2. Mattress: Firm non-sagging; protected by water proof material and cotton pad; turned at regular intervals; bed boards as indicated.	DEMONSTRATION materials: Bed, small cans of sand under legs of bed to elevate. Full sized bed blocks. Demonstrate turning and care of mattress.
C. Sickroom equipment is essential to the care of the patients and their comfort.	1. Back rest: May be padded card table; chair back; card board box.	DEMONSTRATION EQUIPMENT: Cardboard box for improvised back rest, foot support, cradle, bed tray. ARC Text, pp 312-331 and 243-244.
	2. Bed cradle: To support bedding in order to protect feet and legs from undue pressure, may be cardboard box or piece of plywood at foot of bed.	
	3. Commode or toilet chair may replace bedpan when placed next to bed; is an aid in encouraging normal bowel and bladder function and in retaining the incontinent patient. May be improvised by cutting a hole in seat of wooden chair, placing a receptacle under it and fashioning a cover when not in use. A bed pan may be placed on a wooden chair with arms. Commodes may be available on loan or for rent or purchase.	
	4. Bed pan: May be purchased or secured on loan.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
	5. Bed tray: May be purchased or borrowed; may be improvised from carton.	
	6. Foam rubber pads, sheeps wool or a synthetic substitute prevent pressure on bony prominences. The use of cotton donuts and rubber rings are no longer considered good practice.	Demonstrate materials as available.
	7. Signaling devices; handbells; small covered can with pebbles enclosed; whistle or other device.	Improvised signals
	8. Footstool: Firm and heavy enough to avoid tipping; for use in getting out of bed; to elevate feet when sitting in chair. Is not good if it flexes the knees and hips at less than a right angle.	Demonstrate use
	9. Foot support: To prevent footdrop and for the comfort of the patient; should extend at least two inches above the toes; may be firm pillow; carton or foot board. Commercial supports are available.	
	10. Bedside table: Should be conveniently located and at the correct level for the patient's and the nurse's use; protected with water proof material; may be box placed on chair and covered with towel or cloth to make more attractive.	

2. Prevention of Disability

Introduction

1. This section was placed in advance of nursing procedures in order for the aide trainee to practice the points covered throughout the course.

2. Body mechanics should be taught as part of each new nursing skill.

3. Sections F, G, and H may precede C and D if desired.

4. Time will permit only a limited presentation of this material. Further coverage will come with other class activities and with supervised patient care.

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
A. Body Mechanics: The practice of good body mechanics protects the aide from injury and fatigue.	1. Body mechanics defined.	Film: ARC "Image in the Mirror"
	2. Basic body mechanics; chest up; spine straight; stand close to task; flex knee's and hips when stooping or bending; tighten pelvic girdle; feet separated and one foot forward for balance; keep weight balanced over base of support; use large leg and thigh muscles rather than lighter back muscles.	
B. Body alignment: The patient's normal body alignment must be maintained for his comfort and to avoid contractures.	1. Provide support to maintain spinal curves: Pillows to support head, neck and shoulders; discourage use of backrests for long periods of time.	ARC text, pp. 200-205 Demonstration
	2. Give attention to joint position to prevent strain: Small pad under knees; sandbag or rolled blanket against hip to prevent outward rotation; rolled towel or other object in paralyzed hand to keep fingers from contracting; place pillows under arms when patient sits up.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Remotivation		
A. Remotivation: Its aim is to "remotivate" patients to take a renewed interest in life.	1. Remotivation defined.	See appendix. Film No. 14
	2. Concept simplified for use in a one to one relationship in the home. The aide may stimulate a bit of interest in the world by bringing an interesting rock, a flower, a new happening by encouraging the patient's interest and hobbies. She may draw the patient away from too much introspection and self pity.	
Rehabilitation of the Mentally Ill		
A. Rehabilitation of the psychiatric patient: The mentally ill patient must adjust to family and community life when he returns home.	1. Discuss the acceptance of mental illness in the same perspective as any other illness.	See references Film No. 16
	2. Mental illness is by far the major health problem.	Resource Person: Psychiatrist or psychiatric nurse. Field trip to a mental health facility during second 60 hr. period, if available.
	3. Helping a mental patient at home and give support to the family.	
Moving the Patient in Bed		
A. Moving the bed patient: The patient's position must be changed frequently for comfort; to avoid prolonged pressure; to improve circulation; to avoid deformities; and in connection with care and treatment.	1. Points to remember: Tell patient what you are going to do; encourage him to help--this is part of rehabilitation; provide support to avoid strain and trauma; maintain good posture for both patient and aide; get help if needed for safety.	Aide Handbook ARC text, pp 205-211 Demonstration & practic
	2. Moving the bed patient: Moving to side of bed; sitting up and lying down; moving up and down in bed; turning on to side; face lying position; use of draw sheet in moving the helpless patient.	
	3. Give attention to position of extremities to prevent contractures; foot board, or other device to support feet in upright position. Avoid tight bedding over toes.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Patient Activities		
A. Patient's exercise activities: Beneficial effects of activity, even when limited are: Improved circulation, mental alertness and morale, sleep, and appetite; promotes more nearly normal body functions; lessens muscle wasting and joint stiffness.	1. Exercises: Remind trainee that activities are ordered by the doctor and supervised by the R. N. or the physical therapist. Early, regular prescribed range-of-motion active and passive exercises are essential to the maintenance of re-establishment of muscle strength.	ARC text, pp 236-257, Strike Back at Stroke Strike Back at Arthritis Demonstration & practice
	2. Sitting up: Sitting up with support; sitting up on edge of bed with feet over side must precede out of bed activities.	
	3. Getting into a chair: Firm; comfortable straight chair at head of bed and facing foot. Steady patient and chair as patient moves from seated position on bed to chair supporting self with one hand on bed and one hand on arm of chair.	Reference: Nurses Can Give and Teach Rehabilitation (see also ref. under cardiovascular and arthritis.)
	4. Use of wheelchair: Discuss types; use and availability; improvised chair made from kitchen chair with rollers; getting back into bed from wheelchair.	Resource: Physical Therapist. A planned field trip to P. T. dept. of a hospital, if available.
	5. Ambulation: Prepare to walk, by practicing getting up and down; standing and maintaining balance; support at waist with belt or walk at side with arm support, brief explanation of correct crutch gaits; proper crutch for individual patient; proper use of walker.	
	6. Activities for paralyzed patient: Getting up; returning to bed; encouraging self-help.	
B. Activities of daily living: In order to become more independent the patient must perform many daily activities.	1. Rehabilitation defined.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Activities of daily living (continued)	2. Activities of daily living: Hygiene activities: Bathing, care of teeth, hair, nails, toileting: Dressing: Underclothing, fasteners, socks, outer clothing; Eating: Feed self, drink, use of utensils, cut food; Communication: Write, talk, use telephone, handle money, handle reading material; Locomotion: Bed movement, chair, walk go up and down steps, open and close doors. Other activities such as handling reading glasses.	Field trip to rehabilitation center during second 60 hr. period, if available. Resource: Rehabilitation personnel
	3. Aids for the disabled: Commercially produced aids. Involve patient and family in ideas for improvised aids.	
	4. Record the condition of patient before and after activity.	
Care of Hands and Feet	1. Wash hands before meals, after using bed pan or stool, and as needed at other times. Dry thoroughly.	
	2. The patient's fingernails should be cleaned daily and kept filed short.	ARC text, pp 224-225
	3. Toenails: Soak feet in warm water to soften nails; dry feet thoroughly, especially between the toes; cut nails straight across with scissors or nail clippers; apply lotion to feet if indicated. Do not trim corns, callouses, nor nails of the diabetic patient.	
	4. Precautions: If toenails cannot be cut as above or are abnormal, seek advice of supervising nurse. Special care must be given to the diabetic patient's feet.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Bedmaking		
A. Bedmaking, purpose: Comfort of the patient, for cleanliness and for esthetic reasons.	1. Precautions: Handle linen with care to prevent spread of infection; place soiled linen in hamper or in bag, not on floor; turn mattress weekly to avoid sagging; protect mattress with water repellent cover and cotton pad for patient's comfort. Observe body mechanics to avoid fatigue; save steps by doing as much as possible on one side before going to the other side; make bottom of bed tight and wrinkle free to avoid decubitus ulcers.	ARC text, 225-232 Aide Handbook Film No. 2
	2. Unoccupied bed: Have the necessary articles at hand; follow step by step procedure as given in the Aide Handbook or the Red Cross Home Nursing Textbook; demonstrate the use of both the flat and the fitted sheet.	Demonstration materials; bed and mattress with protectors, sheets, draw sheets, pillow & case, blanket and spread.
	3. Making the occupied bed: Stress avoidance of exposure of patients; include method of centering mattress when it has slipped down; point out need to conserve on linens; discuss ways of improvising mattress protectors and draw sheets; follow step by step procedure as given in text and handbook; stress points of comfort for the patient such as providing shoulder warmth; toe space and light weight top bedding.	Provide practice for trainees both in the classroom & in periods outside of class time.
Baths		
A. Bed bath: To cleanse, refresh, stimulate circulation, give mild exercise, aide in skin elimination.	1. Discuss effects of aging and illness on skin. Caution against use of too much soap; change water during bath; encourage patient to do as much as possible for himself; remember posture and body mechanics while carrying out the procedure; observe the patient for signs and symptoms; avoid exposure of patient.	ARC text, pp 211-218 Aide handbook Film: The Bed Bath Air Force TF 1-817 5d Air Force film library

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Baths (continued)	2. Preparation for bath: Temperature of room; privacy; supplies at hand; preparation of patient; top bedding removed and patient covered with bath blanket, gown off, bath towel in place.	
	3. Bath procedure: Face, neck, ears, chest and abdomen; arms and hands; legs and feet; back, genitalia.	
	4. Dressing the helpless patient: Avoid exposure of patient at all times.	
	(a) Bunch sleeve and place over patient's hand in one movement; if one hand or arm is disabled, place that sleeve on first (reverse this when removing the sleeve) support arm above wrist and pull sleeve into place; use gown that opens all the way down the back, if possible.	
	(b) If gown or pajama top opens in front: Place one sleeve on; have patient turn to side and roll gown close to body; have patient turn to opposite side; pull gown from under patient; bend arm and slide sleeve on; fasten gown; keep patient covered to avoid exposure.	
	(c) Pajama bottoms: Keep patient covered to avoid exposure; put legs on one at a time. bunching leg of pajamas and sliding over foot as with sleeve; have patient lift hips, slide pajama pants up to waist and fasten.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
B. Tub bath or shower: Is a step toward independence; is more refreshing.	1. Discuss need for doctor's orders and R. N.'s advice as to procedure and precautionary measures. Discuss bathroom aids for the handicapped patient.	ARC text, 244-248
	2. Preparation of bath room: Temperature, cleanliness, supplies, tub filled or shower turned on to desired temperature. Turn on cold water, then hot, to prevent scalding. Turn off hot water first, then cold water.	
	3. Preparation of patient: Robe and slippers; supported to bath room and assisted into tub or shower, (a male may be assisted by securing a towel about his waist in such a way that the genitalia is completely draped.) Test temperature of water with elbow before patient gets into tub or shower. Patient may sit on stool in shower if too weak to stand.	
	4. Allow patient to do as much as possible for himself. Stay with patient or near by. Be sure bath room is not locked. Assist patient out of tub and with drying and dressing as indicated.	
	5. After making patient comfortable in bed, or chair, put bath room in order.	
	6. Record kind of bath and condition of patient.	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Backrub		
A. Backrub: To refresh and relax; stimulate circulation; and relieve pressure.	1. May be carried out after bath, before sleeping and at intervals for comfort and to prevent pressure trauma.	Demonstrate back rub
	2. Procedure: Position patient (side or prone); protect bed; use emollient, not alcohol; long firm strokes up back over shoulders; circular motions down neck, shoulders, back and buttocks; massage around reddened areas; repeat four times, finish with long firm strokes up back, finger tip stroke down back. Powder as desired. Make patient comfortable and re-arrange bedding.	
Mouth Care		
A. Mouth care: To maintain a clean mouth and prevent tissue breakdown.	1. Discuss importance of regular care; correct brushing method.	ARC text, 219-221
	2. When patient can help: Elevate head; bed table with equipment.	Aide Handbook
	3. Helpless patient; Use of applicators and mouth wash; glycerine and lemon juice.	Demonstration & practice
	4. Care of dentures: Precautionary measure to prevent breaking; method; rinsing mouth.	
Care of Hair		
A. Care of Hair: Cleanliness and appearance.	1. Discuss: Importance of regular hair care; care of scalp; prevention of matting of hair; benefits of arm exercise to patient who is able to brush or comb hair.	Samples of dry shampoos. ARC text, 222-224.

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Care of Hair (continued)	2. Procedure for combing and brushing: Towel over pillow or shoulders; mirror, comb, brush; remove pins and glasses, brush gently; if long hair, comb small section at a time, starting with ends and holding hair to prevent pulling; arrange for convenience and comfort of patient.	Aide Handbook Demonstration
	3. Shampooing:	
	(a) Usually requires doctor's orders or advice of R. N. Select type of shampoo suitable to patient's needs; dry shampoo may be used for very weak patient; follow directions on product.	
	(b) Procedure for bed patient: Collect articles; position patient diagonally across bed and arrange equipment; protect patient, bed and floor; proceed with shampooing and rinsing; make patient comfortable, dry hair, comb and arrange hair; remove equipment; record time, procedure, condition of hair and scalp, condition of patient.	
	(c) Other methods: Narrow bed may be rolled to sink; patient may sit in chair at sink using shampoo board; shampoo may be done in tub or shower.	
Shaving		
A. Shaving the patient: To make him feel and look better.	1. Discussion: Use safety razor with sharp blade. An electric razor is more convenient and may be used if available.	Aide Handbook
	2. Preparation: Arrange articles needed on bedside table; wash cloth; basin of hot water, towel, razor and blade, shaving cream, lotion; provide good light; move patient to side of bed and elevate head; protect bedding and patient with towel.	
	3. Procedure: Wet the face; apply shaving cream; hold skin taut as you shave; keep skin and razor wet; wash	

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Shaving (continued)	3. continued - and dry face and apply lotion; remove and clean shaving equipment; dispose of blade safely. If the patient is able to shave himself with assistance, encourage him to do so.	
Elimination		
A. Elimination: May be disrupted by illness or inactivity; may reveal symptoms of illness.	1. Define: Elimination, feces, urine, void, anus, bladder, incontinency.	ARC, text, 139-140 Film No. 12
	2. Give methods of keeping patient clean, dry and free from odor; use of commercial or improvised pads and diapers.	ARC Text, 324-26-and 194-199
	3. Use of bedpan, urinal and commode: Commercial and improvised equipment; provide privacy and avoid exposure; procedure; after care of patient and equipment.	Aide Handbook Concept of Retraining
	4. Measuring urine output: Reasons for measuring; method.	
	5. Collecting specimens: Cleaning genitalia; container; care of specimen.	
	6. Recording: Time, amount, description of urine or stool; collection of specimen; condition of patient.	
Symptoms of Illness		
A. Illness: Sign of.	1. Discuss need to be alert for symptoms of changes in condition. Skin: Change in color, rash, break in integument. Eyes: Dull, bright, inflamed, watery. Nose: Discharging, stopped up. Throat and mouth: Red, sore, tongue coated. Digestion: Appetite, nausea, bowel irregularity. Urinary system:	ARC Text 41-53

STEPS	KEY POINTS	TRAINING AIDS & TOOLS
Symptoms of Illness (continued)	1. continued - Frequency of urination, burning on urination, appearance of urine. General condition: Fatigue, irritability, change in sleep pattern, change in emotional pattern.	
Recording		
A. Records: Assure accuracy of information about the patient and aids in continuity of care.	1. Discuss importance of recording and reporting to the doctor and to the supervising nurse.	The instructor may wish to present this step ahead of nursing procedures.
	2. Describe agency family folder and record.	
	3. Discuss general content of recording.	
	4. Describe the method of aide recording used in the local agency.	Demonstration material: Family folder and record aide assignment sheet, aide recording form. See appendix for samples.

UNIT VI

SPECIAL PROCEDURES

UNIT VI

SPECIAL PROCEDURES

Introduction

Parts of this unit may be interchanged with Unit V if the instructor prefers. Procedures which the aide carries out as an employee of the health department are listed in the appendix in "A Guide to Who Does What". The multiplicity of aide functions cannot be presented in the training period as a part of the formal program. The aide will learn these procedures on the job with agency staff supervision using agency manuals as guides.

Much material not presented in this course will be made available through the agency in-service education program. The individual aide's capabilities will be further utilized as she develops with experience on the job.

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
A. Body temperature	1. Discuss normal temperature ranges; care and use of thermometer, methods of taking temperatures; types of thermometers (oral, rectal, fahrenheit).	ARC Text, pp 186-194; Thermometers of each kind; Cardboard thermometer with sliding "mercury" insert
	2. Demonstrate reading and shaking down thermometer.	
	3. Points on safety: Position of patient; avoid mouth thermometer with young child and confused adult; safe cleaning and storage method.	Practice material: Thermometers, wipes, water, soap or disinfectant, waste container.
	4. Cleaning: Hold by tip. Use soaped pledget and clean with firm rotary motion downward over the bulb. Repeat cleaning process.	
	5. Rinse with clean cold water.	
	6. Store in safe place.	
B. Pulse and respiration	1. Pulse defined: Throbbing of blood vessels caused by contractions of the heart muscle as it forces blood through the arteries.	
	2. Respirations defined: Inspiration to take in oxygen	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
Pulse and Respiration (continued)	2. continued - and expiration to give off waste products, mainly CO^2 from the lungs.	
	3. Discuss rate, volume and rhythm of pulse. Discuss respiration and variations in illness.	
	4. Demonstrate taking pulse: Patient lying or sitting down; arm and hand relaxed, palm down; locate pulse with first, second and third fingers on thumb side of patient's wrist between tendons and wrist bone; count pulse beats 1/2 minute and multiply by 2.	Watch with second hand.
	5. Demonstrate procedure for counting respirations: Continue to hold wrist as though counting pulse (the patient is less likely to change rate of breathing if unaware that it is being counted); count rise and fall of chest 1/2 minute and multiply by 2; record rate of pulse and respiration and describe any abnormalities.	
C. Oral medications, self administered.	1. The physician prescribes; the professional nurse administers medication. These are legal responsibilities.	ARC Text, pp. 282-288
	2. The aide does not give any medicine.	ARC film: Passport to Tomorrow
	3. The aide assists the patient with self administration by ascertaining that the patient is taking the correct medication, in the right amount, at the right time and in the right manner.	Drug samples
	4. Discuss safety precautions: Labeling, storage, out of reach of children.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
D. Hot water bottle - to apply heat.	1. Discuss effects and purposes of applying heat: Relaxes, relieves pain, promotes healing, provides warmth. Precautions with paralyzed or unconscious patient.	ARC Text, pp 258-262; project slides 39, 40. Demonstration material: Hot water bottle, cover, hot and cold water, towel.
	2. Procedure demonstrated: Water at 115-130° tested on cheek for safety; fill bag 1/3 full to control weight; expel air to allow for flexibility; dry bag and test for leakage; cover with cloth bag or soft towel; apply to patient; refill and reapply as ordered.	
	3. Care of bag: Empty and drain dry; store with bag inflated and stopper in place.	
E. Sitz bath: To apply moist heat to perineum and anal area.	General instructions: The procedure is the same as the tub bath but with length of time in tub 20-30 minutes and the temperature of the water about 105°. The weak patient should not be left alone. Place a folded bath towel under the patient for comfort. Commercial, disposable sitz pans may be purchased. Follow accompanying directions for their use.	
F. Colostomy dressings	1. Colostomy: A surgical opening in the large intestine to provide for elimination of feces.	
	Purpose of colostomy: To permit escape of feces when there is an obstruction of the bowel; to permit healing of bowel after surgery; to provide a permanent opening for bowel evacuation when the rectum has been removed.	Cancer Manual for Public Health Nurses - pp. 34-44
	2. Procedure for changing dressings: Clean area of gross contamination with toilet tissue and discard into toilet; wash area with warm water and soap, rinse and dry; apply vaseline to and around stoma or cover dressing with vaseline (covering or dressing may be vaseline gauze, chix or other disposable material); wax paper or other water repelent material may be applied over the	Demonstration material: Sample of colostomy bag, mock-up of colostomy and dressings.

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
Colostomy dressings (continued)	2. continued - dressing to protect the clothing; hold in place with binder, girdle or elastic band; dressing should be changed 2-3 times a day or more often as necessary. Colostomy bags may be purchased to use in place of dressings. Instructions are provided with bags. Stress importance of not showing repulsion toward care of colostomy. Always be sensitive to the patient's emotional feelings toward this type of surgery. The patient should learn to give his own care as soon as possible.	
G. Decubitus ulcer care.	1. Decubitus ulcer: Pressure sore resulting from interference with blood supply to an area of the body.	ARC Text, pp. 141-143
	2. Pressure areas: Back of head, ears, shoulder blades, hips, heels, ankles, elbows, coccyx - at any point where there is a bony prominence.	
	3. Prevention: Bedding smooth, wrinkle and crumb free, dry and clean; patient's position changed every two hours when awake; clean skin frequently; keep skin dry; massage gently around reddened areas; use foam rubber pads or sheepskin to protect bony prominences; continuous observation for early symptoms.	
	4. Care: Immediate reporting of any signs; exposure of pressure area to light and air; bedding support to relieve pressure and to allow air to circulate; keep sheepskin or other materials clean and dry at all times. Treatment is determined by the physician and under the supervision of the registered nurse.	

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
H. Enemas	1. Demonstrate various types of enema equipment. Disposable units have instructions enclosed in container.	Aide Handbook
	2. Demonstrate cleansing enema using traditional equipment: Prepare patient as described in handbook, avoiding chilling and exposure; lubricate nozzle; expel air from tubing, test temperature of solution, close stopcock; insert nozzle 2-3 inches into rectum, open stopcock and allow gentle flow of solution with water level in container approximately 18 inches above top of mattress; withdraw tip before bag is empty. Place patient on bed pan or assist him to commode or bathroom. Observe and record results of enema. Leave the patient clean and comfortable. Cleanse equipment with hot water and soap.	Demonstration materials: Disposable units, enema bag or can, funnel. Equipment for enema demonstration: Enema can, tubing, rectal tube or tip, stopcock, lubricant, solution, towel, blanket, rubber or plastic sheet, newspapers, bed pan.
	Boil nozzle or rectal tube (wrapped) for 3 minutes. Be sure nozzle or rectal tube is free of feces before boiling.	

UNIT VII

PLANNING AND ORGANIZING PATIENT CARE

UNIT VII

PLANNING AND ORGANIZING PATIENT CARE

STEPS	KEY POINTS	METHODS, AIDS & TOOLS
A. Review of policies and procedures for home health care.	Plan of care is determined by the physician and the supervising nurse.	Patient record: Illustration of referral and formulation of care plan.
B. Plan home visit	Present a patient situation and an aide assignment, including nursing and home management. Include arrangements for home and patient care between nursing visits.	Demonstration by nurse and home economist of planning and organizing an assignment.
C. Plan eighty hour field training period. (R. N. Instructor)	Outline field training schedule, expectations of the aide trainee, certification following completion of course. Plan for pre and post conferences with aide trainees and nurse field instructor-supervisor regarding individual patients. Continue use of handbook and ARC text. Discuss use of travel expense voucher and daily service report.	Refer to appendix for travel forms and daily report forms and instructions.
D. Review	Give examination provided in the guide.	

APPENDIX

REFERENCES FOR TEACHING

FILM CATALOGS -Oklahoma State Department of Health
3400 North Eastern
Oklahoma City, Oklahoma 73105

American Red Cross Films
4050 Lindell Boulevard
St. Louis, Missouri (or contact local office)

Film Reference Guide for Medicine and Allied Sciences (42.50)

Superintendent of Documents

U. S. Government Printing Office
Washington, D. C. 20402
Publication numbers - AFP 160-15-1 PHS 487
DA 108-2 VA 7
Nav. Med. p5042

ARTHRITIS

1. "Exercises for the Arthritic Patient," by Dr. Richard Payne

   Arthritis and Rheumatism Foundation
   1407 North Phillips (office)
   825 N. E. 13th (mailing address)
   Oklahoma City, Oklahoma

2. "Strick Back at Arthritis," (price - 40¢)

   Superintendent of Documents
   U. S. Government Printing Office
   Washington, D. C.

3. "Arthritis and Related Disorders,"

   Arthritis and Rheumatism Foundation

CARDIOVASCULAR DISEASE

1. "Up and Around" No cost

   Oklahoma State Heart Association
   825 Northeast 13th Street
   Oklahoma City, Oklahoma 73104

2. "Strike Back at Stroke"

   Oklahoma State Heart Association

3. "The Heart of the Home" No cost

   Oklahoma State Heart Association

References for Teaching (continued)

4. "Strokes (A Guide to the Family)" No cost

   Oklahoma State Heart Association

5. "Take It Easy" No. 1, No. 2 and No. 3, $7.50 per 100 copies

   Oklahoma State Heart Association

6. "Diet and Heart Disease" No cost

   Oklahoma State Heart Association

DIABETES

1. "A Pocket Reference for the Diabetic" No cost

   Eli Lilly and Company
   Indianapolis, Indiana

2. "Diabetes Mellitus (A Guide for Nurses)" 25¢

   U. S. Department of Health, Education & Welfare
   Public Health Service
   Division of Chronic Diseases
   Diabetes and Arthritis Program
   Washington 25, D. C.

3. "Taking Care of Diabetes" (A guide for instructors in a patient education program.) No cost

   U. S. Department of Health, Education & Welfare
   Public Health Service
   Washington, D. C.

4. "Foot Care for the Diabetic Patient" .05¢ ea. or $3.00 per 100

   Superintendent of Documents
   U. S. Government Printing Office
   Washington, D. C. 20402

DIVERSIONS FOR THE SICK

John Hancock
Mutual Life Insurance Company
Boston, Massachusetts

HOME NURSING TEXTBOOK $1.50

The American National Red Cross
Red Cross Chapters

References for Teaching (continued)

INDIAN HEALTH HOME NURSING COURSE

"Instructor's Guide"	$1.00
"Aides Textbook"	$1.00

Superintendent of Documents
U. S. Government Printing Office
Washington, D. C.

*MENTAL HEALTH

1. "Helping a Mental Patient at Home" 15¢

National Association for Mental Health
10 Columbus Circle
New York, New York 10019

2. Mental Illness

A Guide for the Family 50¢

3. "Basic Facts About Mental Illness" 50¢

National Association for Mental Health

PREVENTION OF DISEASE

1. "Protection Against Communicable Disease," No cost

The Equitable Life Assurance Society of the U. S.
1285 Avenue of the Americas
New York, New York 10019

2. "Protect Yourself and Your Family," No cost
. . . . . . Immunize!

State Department of Health
3400 North Eastern
Oklahoma City, Oklahoma 73105

REHABILITATION

1. "Rehabilitative Nursing Techniques" 1 & 2 No cost

2. "Homemaking Aids for the Disabled"

Kennedy Rehabilitation
1800 Chicago Avenue
Minneapolis, Minnesota 55404

* Above literature and free literature may be secured at County Associations for Mental Health.

References for Teaching (continued

3. "Nurses Can Give and Teach Rehabilitation" No cost

   Springer Publishing Company, Inc.
   44 East 23rd Street
   New York, New York 10010

4. "Do It Yourself Again"

   Oklahoma Heart Association
   825 Northeast 13th Street
   Oklahoma City, Oklahoma 73104

SAFETY

1. "Home Safety" - Home demonstration agent.
2. "Your Family's Safety" - Metropolitan Life Insurance Company
3. "First Aid" (One in nearly every company)

   Metropolitan Life Insurance Company No cost

4. "Accident Prevention" - A handbook for the Public Health Nurses

   Superintendent of Documents 25¢
   U. S. Government Printing Office
   Washington 25, D. C.

Films 1 through 5: American Red Cross. Contact local office or the area office.

4050 Lindell Boulevard
St. Louis, Missouri

(1)	"ONE MINUTE PAST THREE":	The symptoms of illness. The home nurse in maintaining health, observing symptoms of illness, and giving simple nursing care before the doctor arrives.
(2)	"PRAIRIE SCHOONER, SPACE AGE MODEL":	The prevention of disease. The home nurse helping to prevent spread of disease; bed-making and grooming of the bed patient.
(3)	"IMAGE IN THE MIRROR":	Body mechanics and posture. Correct body mechanics and good posture for home nurse and for patient.

References for Teaching (continued)

(4) "DANGER: HANDLE WITH CARE":	Treatments using heat and cold; preparation and safe use of hot and cold applications.
(5) "THE ROAD BACK":	Self-help and its role in rehabilitation. The home nurse in the rehabilitation of the sick and injured.

Films 6 through 11: Oklahoma State Department of Health
3400 North Eastern
Oklahoma City, Oklahoma 73105

(6) "HOW TO HAVE AN ACCIDENT IN THE HOME":	(color) Walt Disney Production. Shows how 5,000,000 accidents occur in homes each year.
(7) "SELF-HELP DEVICES FOR THE ARTHRITIC":	(color) Dr. Rush discusses activities of daily living; Dr. Lowman, using three patients, demonstrates devices for personal grooming, housekeeping, cooking and recreation.
(8) "CARE OF THE PATIENT IN DIABETES MELLITUS":	(complicated) Shows how typical symptoms may be recognized; includes consultation, examination, diagnosis, and hospitalization. Shows role of nurse, doctor.
(9) "THERE IS A WAY":	Deals with a method of treating the "incontinent patient" -- the patient unable to control his bowel and bladder habits because of shock, stroke, or other reason. It presents a training program for such patients.

References for Teaching (continued)

(10)	"REMOTIVATION":	A new technique for the psychiatric aide, 1958, 24 minutes.
(11)	"WHEN A PATIENT COMES HOME":	(Psychiatric patient) Smith, Kline and French Medical Film Center, 1500 Spring Garden Street, Philadelphia, Pennsylvania

APPLICATION FOR HOME HEALTH AIDE TRAINING

ALL QUESTIONS MUST BE ANSWERED IN YOUR OWN HANDWRITING

Name in full ______________________________ Date __________ Male or Female _____

Address ____ Telephone __________

Date of Birth ______________________ Age ________ Family Physician __________

Citizen of U. S. Yes ___ No ___ Social Security Number _______________

FORMER EMPLOYMENT:

Most recent employer ________________________ length of time employed __________

Are you still employed? _______ If not, reason for leaving ________________

Experience in nursing home or hospital __________________________ Years ______

How much time lost in your work due to illness in the past five years __________

Type of illness ____

Please check: Married _____ Single ____ Widow ____ Widower _____ Divorced ______

ARE YOU WILLING TO WORK ON SATURDAY AND SUNDAY? ______________________________

How many dependents at home? _______ Please give ages ______________________

Who takes care of dependents while you are at work? ______________________

EDUCATION:

Check the highest grade completed: Grade school ______ Junior high __________

High school __________ College ____________ Other ______________________

TRANSPORTATION:

Do you have a license to drive a car? ____ Do you have a car to drive to work? ____

REFERENCE:

1. Name ___________________________ Address ______________________________
2. Name ___________________________ Address ______________________________
3. Name ___________________________ Address ______________________________

CHECK LIST: OBSERVATIONS DURING INTERVIEW

	Outstanding	Above Average	Average	Below Average	Unacceptable	
Appearance: Dress and Grooming						
Speech: Ability to communicate, voice use of grammar						
Personality: Friendly, cooperative						
Mental Ability: Alertness						
Interest in aide training and job:						
Physical: Height, weight; handicaps						
Conduct: Courteous, considerate						
Over-All Impression:						

General Comments:

Accept: ____________

Reject: ____________

Life Satisfaction Test

B. L. Neugarten, Ph.D., R. J. Havighurst, Ph.D., and S. S. Tobin, M. A.

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space under "Agree." If you do not agree with a statement, put a check mark in the space under "Disagree." If you are not sure one way or the other, put a check mark in the space under "?". Please Be Sure To Answer Every Question On The List. (This scale may be administered by an interviewer.)

		Agree	Disagree	?
1.	As I grow older, things seem better than I thought they would be.	0		
2.	I have gotten more of the breaks in life than most of the people I know.	0		
3.	This is the dreariest time of my life.		0	
4.	I am just as happy as when I was younger.	0		
5.	My life could be happier than it is now.		0	
6.	These are the best years of my life.	0		
7.	Most of the things I do are boring or monotonous.		0	
8.	I expect some interesting and pleasant things to happen to me in the future.	0		
9.	The things I do are as interesting to me as they ever were.	0		
10.	I feel old and somewhat tired.		0	
11.	I feel my age, but it does not bother me.	0		
12.	As I look back on my life, I am fairly well satisfied.	0		
13.	I would not change my past life even if I could.	0		
14.	Compared to other people my age, I've made a lot of foolish decisions in my life.		0	

Life Satisfaction Test

15.	Compared to other people my age, I make a good appearance.	0		
16.	I have made plans for things I'll be doing a month or a year from now.	0		
17.	When I think back over my life, I didn't get most of the important things I wanted.		0	
18.	Compared to other people, I get down in the dumps too often.		0	
19.	I've gotten pretty much what I expected out of life.	0		
20.	In spite of what people say, the lot of the average man is getting worse, not better.		0	

EXAMPLE: POSSIBLE CALENDAR OF TRAINING PROGRAM

Date	Class Room	Hours (36)	Demonstrations & Activities	Hours (24)	Orientation or Preliminary field training	Hrs. (60)	Total
Dec. 1	3 - 6 p. m.	3			9 - 12 & 1 - 3	5	8
Dec. 2	3 - 6 p. m.	3			9 - 12 & 1 - 3	5	8
Dec. 5	3 - 6 p. m.	3			9 - 12 & 1 - 3	5	8
Dec. 6	3 - 6 p. m.	3			9 - 12 & 1 - 3	5	8
Dec. 7	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 8	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 9	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 12	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 13	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 14	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 15	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 16	3 - 6 p. m.	3	9 - 12 a. m.	3	1 - 3 p. m.	2	8
Dec. 19					9 - 12 & 1 - 4	6	6
Dec. 20					9 - 12 & 1 - 4	6	6
Dec. 21					9 - 12 & 1 - 4	6	6
Dec. 22					9 - 12 & 1 - 4	6	6
Total		36		24		60	120

FIELD EXPERIENCE - 80 HOURS 80

Dec. 27	8 - 5 p. m.	8
Dec. 28	8 - 5 p. m.	8
Dec. 29	8 - 5 p. m.	8
Dec. 30	8 - 5 p. m.	8
Jan. 3	8 - 5 p. m.	8
Jan. 4	8 - 5 p. m.	8
Jan. 5	8 - 5 p. m.	8
Jan. 6	8 - 5 p. m.	8
Jan. 9	8 - 5 p. m.	8
Jan. 10	8 - 5 p. m.	8
		80

TOTAL - 200

NOTE: This "Example of Possible Calendar of Training Program" may rush the course too quickly for efficient learning. The length of the training course will vary in different communities and situations.

GUIDE TO HOME HEALTH AIDE ASSIGNMENTS BY R.N./P.H.N.

Name (Last) (First) (M.I.)	Health Insurance Card Claim No. Hospital_____ Medical _____	Welfare Case No.
Mailing Address (Street No., City, State, Zip Code)	Sex	Race	Date of Birth

Mailing Address (Street No., City, State, Zip Code) — Sex — Race — Date of Birth

Finding Address — Phone Number

Referring Physician (Name) (Address)

Name & address of institution, if any, caring for condition later requiring Home Health Services

Verified Dates of Stay

Institution's Patient No. (If applicable) — From | | | | To | | | |

Diagnosis: ________________________

Check day(s) visit made to pts. home by prof. nurse and write in date of assignment to HHA.

Nsg. Care being given: Yes ☐ No ☐ M__T__W__Th__F__Sat__Sun__

A. Personal Patient Services
1. Make patient's bed__ Pt. in bed__ Out of bed__
2. Bathing patient: In bed____ Out of bed____ Type of bath_____
3. Personal Hygiene: Mouth care, including dentures.
   Hair Care: brush, comb, shampoo. Nails: Hands____ Feet____
   Skin Care: _____ (Note pressure points) Alcohol____Lotion____
4. Assist with oral medications: Specify name of drug, Rx No., dose, and time. ____________________
   Heating pad ____ Hot Water Bottle ____ Ice Pack ________
5. Assistance in the following: Walking___ Eating___ Toileting___.
   Use of: Walker___ Cane___ Crutches___
6. Exercises: Active motion of ________________
   Passive motion of ________________
7. Elimination: Enema_____ Intake and Output __________
8. Aid in Meal Preparation: Regular diet____ Special diet________
9. Unusual habits/ activities of patient ________________
10. Assisting patient to resume activities of daily living ________
11. Interpretation of community activities and neighborhood services.

B. Maintenance of a Clean and Safe Environment.

C. Ethical responsibility.

Comments by Supervising Professional Nurse

HHS/SDH 8-25-66

HOME HEALTH AIDE SERVICE
HOME EVALUATION

Patient ________________________________ Date ________________________________

Address ________________________________ V. N. ________________________________

Housekeeping Service to be done:

Personal Service to be done:

Further Comment:

[ ] SCHEDULE [ ] NURSING CARE CALLS ONLY

NURSE/HOME HEALTH AIDE DISTRICT MONTH

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

A GUIDE TO WHO DOES WHAT

	RN	LPN	HHA	COMMENTS
Records				
1. Charting	X	X	X	
2. Assignments	X			
3. Admit patients	X			
4. Discharge patients	X			
5. Dailies	X	X	X	
6. Travel records	X	X	X	
7. Pulls and files clinic records	X	X	X	
8. Nursing care plan	X			
9. Doctors' orders	X			
10. Cleaning Units (patient's room)			X	
11. Care of supplies and equipment in clinics		X	X	
Filling nursing bags		X	X	
Cleaning of supplies and articles in clinics		X	X	
12. Set up and clean up clinics	X	X	X	
13. Ordering supplies and drugs	X	X	X	According to set quotas.
14. Shopping for food for patients		X	X	
15. Launder personal items for patients			X	
16. Preparing meals				
Regular	X	X	X	
Special	X	X	X	HHA - With supervision
17. Baths				
Bed	X	X	X	
Tub	X	X	X	
Treatment (medicated Sitz)	X	X	X	With supervision.
18. Back massage	X	X	X	With supervision.
19. P. M. care	X	X	X	
20. Lifting, moving, positioning patients	X	X	X	
21. Physiotherapy	X	X	X	With supervision
22. Denture care	X	X	X	
23. Oral hygiene	X	X	X	May teach
24. Shampoo	X	X	X	
25. Feeding patients	X	X	X	
26. Blood pressure	X	X		
27. Apical pulse	X	X		
28. Temperature-Pulse-Respiration	X	X	X	HHA - With supervision.
29. Intake & output (Collect & Record)	X	X	X	
30. Cast care	X	X	X	With supervision.
31. Blood drawing	X			

		RN	LPN	HHA	COMMENTS
32.	Hypodermoclysis	X			At this time our State policies do not allow us to do these procedures.
33.	IV's	X			
34.	Restraints	X	X	X	With supervision.
35.	Catheter				Not first catheterization on MALE patients.
	Insertion - French & Foley	X	X		
	Irrigation	X	X		
	Instillation	X	X		
36.	Clinitest & Acetest (in homes)	X	X	X	With supervision.
37.	Colostomy care (changing only)	X	X	X	With supervision.
	Irrigations	X	X		
38.	Cleft palate care	X	X		
39.	Decubitus care	X	X	X	With supervision.
40.	Gastric tubes (feeding tubes)				
	Insertion	X			
	Irrigation	X	X		
	Feedings	X	X		
41.	Elastic bandages	X	X		
42.	Enemas - all types	X	X		
43.	Hot water bottles	X	X	X	
44.	Ice applications	X	X		
45.	Humidity - hot & cold	X	X	X	With supervision.
46.	Irrigations				
	Ear	X	X		With supervision.
	Eye	X	X		With supervision.
	Nose	X	X		With supervision.
	Wounds	X	X		With supervision.
47.	Bennet positive pressure	X	X		
	Hand nebulizers	X	X	X	HHA-After pt. is taught with supervision.
48.	Physical exams - assist with	X	X	X	
49.	Perineal care	X	X		
50.	Soaks	X	X		
51.	Pelvic exams				
	Assist M. D.	X	X	X	
	In clinic smears - PAP Tests	X			
52.	Sputum collections	X	X	X	May teach.
53.	Stools specimens	X	X	X	May teach.
54.	Tracheostomy care	X			
55.	Tracheal suction	X			
56.	Weigh and measure	X	X	X	

	RN	LPN	HHA	COMMENTS
57. Administration of medications				*LPN - Under supervision of RN - Limited Restrictions: LPN may not give fractional doses, any antibiotics, cortisone preparations, ACTH. LPN may not give any mixed (more than one drug) medication or any injection over 2cc in volume. LPN may not give any judgement doses, i.e., prn such as a diuretic for swelling symptoms.
Oral	X	X		
IM	X	X*		
Sub-Q	X	X*		
Insulin	X	X		
Allergins	X			
Antibiotics	X			
Cortisone ACTH	X			
(Home Health Aide may only remind patient of oral medications that can be self-administered.)				
Tine Tests	X	X		
Read	X	X		
PPD (interdermals)	X			
Read	X	X		
58. Vital Capacity tests	X	X		
59. Diabetes Clinic				
Assist with records	X	X	X	Pull and file charts, start headings, etc.
Clinitest and Acetest	X	X	X	
Teach	X	X		Certain aspects under supervision.
Counsel patients	X			
60. Glaucoma Clinic				
Records	X	X	X	
Tonometer tests	X	X		
Counsel patients	X			
61. V. D. Clinic				
Records	X	X	X	
Smears	X			
Teach male patient to collect smears	X	X		
Counsel patients, contacts,etc.	X			
Lentipen & antibiotic administration	X			
62. Immunization Clinics				
Records	X	X	X	
"Shots"	X	X		LPN - All except smallpox, which will be given by RN.
63. Well Baby Clinic				
Records	X	X	X	
Assist with physicals	X	X	X	
Weigh and measure	X	X	X	
Counsel parents	X			
Teach classes	X			

	RN	LPN	HHA	COMMENTS
64. Maternity Clinic				
Records	X	X	X	
Weigh and measure	X	X	X	
U. A.	X	X		
Hgb.	X	X		
Counsel patients	X			
Assist with physical	X	X	X	
65. General Medical Clinic				
Assist with physical	X	X	X	
Weigh and measure	X	X	X	
Records	X	X	X	
Medications	X	X		
Counsel patients	X			
66. T. B. Clinic				
Weigh and measure	X	X	X	
Temperature	X	X	X	
Records	X	X	X	
Dispense medications	X			
Heated nebulizer to collect				
Sputum specimens	X	X		
X-ray	X	X		
Counsel patients	X			
67. Rheumatic Fever Clinic				
Records	X	X	X	
Medications - giving injections	X			
Medications - dispensing pills	X			
Counsel patients	X			
68. Schools				
Teacher-Nurse-Parent Conference	X			
Work with school to set up program	X			
Teach volunteers - screening procedures	X	X		
Vision screening	X	X	X	
Hearing screening	X	X	X	
Recheck - vision & hearing	X	X		
Dress, undress, weigh, measure - Headstart	X	X	X	
Refer patients	X			
69. Military Rejectee				
Initial visit to make appointment for nurse (phone call, letter etc.)	X	X	X	
First visit to counsel patient	X			
Follow-up after first visit	X	X		
70. Birth Certificate follow-up	X	X	X	HHA-In role of health visitor. Any problems referred to RN for follow-up.

	RN	LPN	HHA	COMMENTS
71. Dental Clinics				
Assist Dentist	X	X	X	
Clean equipment	X	X	X	
Give medications	X			
72. Teaching Classes	X	X		LPN - Selected programs. See A.N.A. statement.

73. Home Visits

RN - All types

LPN - Bedside care as assigned by RN.

HHA - To home care patients to give personal care to patients when no family member is fully able to assume this responsibility under supervision of RN.

(12/9/66)

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